

1217
AG

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	10/30/00
O.I.P.E. CLASSIFIER		49	11/14/00
FORMALITY REVIEW	WM	869	12-05-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
= Allowed I Interference
- (Through numeral) ... Canceled A Appeal
÷ Restricted O Objected

Claim	Date			
Final	Original			
1	✓	✓		
2	✓	✓		
3	✓	✓		
4	✓	✓		
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Claim	Date			
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EST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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